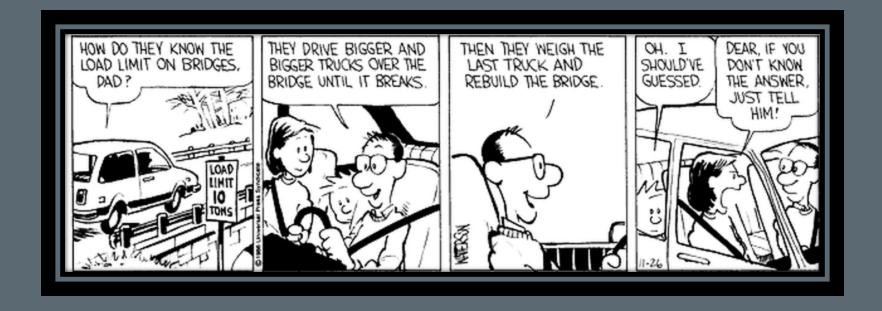
WELCOME TO THE ACCOUNTABILITY AND OVERSIGHT WORK GROUP



Agenda for Today's Meeting

Accountability and Oversight Chairs

Sarah Merrill, Department of Mental Health

Keith Grier, Counseling Service of Addison County

Cheryle Bilodeau, Integrating Family Services

- Welcome and Introductions
- Overview of IFS
- How do we think about performance
- Goals of work group
- Group Norms
- Meeting Logistics
 - Frequency
 - Location
 - Modality



Work Group Objectives

Short term goals--TODAY

- Bring everyone up to speed on the current status of IFS
- Determine meeting norms and logistics

Long-term goals

- Identify how to accomplish the goals on the work plan
- Begin defining population indicators

Integrating Family Services



Vision

Vermonters work together to ensure all children, youth and families have the resources they need to reach their fullest potential.

Mission

Integrating Family Services
brings state government and
local communities together to
ensure holistic and
accountable planning, support
and service delivery aimed at
meeting the needs of
Vermont's children, youth and
families.



The Guiding Principles of IFS

These guiding principles give life and form to Integrating Family Services' vision and mission.

- 1. Promote the well-being of Vermont's children, youth and families. Policies, services and service providers are sensitive and responsive to the unique aspects of each family.
- 2. Build communities' capacity to provide a full range of resources in a flexible and timely way that is responsive to the needs of children and youth (prenatal through age 22) and families.
- **3.** Focus on the individual and the family. Understand the child's needs in the context of his/her family.
- 4. Ensure that youth and families' voices inform processes, plans and policies.
- **5.** Adopt the Strengthening Families approach. Strengthening Families' five protective factors guide our work.
- **6. Invest in a skilled, competent and valued workforce.** People working with children, youth and families need training, support and adequate compensation.
- 7. Balance innovation with families' experiences, research and data to inform decisions about how to best use available resources and achieve positive outcomes.
- **8. Assure continuous quality improvement.** Data informs decisions and drives change at the state and local level.
- 9. Promote a common language, shared decision-making and cross-disciplinary team work.

The 8 Elements of Integrating Family Services



Key Components of the 8 Elements



Accountability and Oversight

 Measuring, Monitoring and Improving Performance



Leadership and Governance

 Documented governance and leadership structures at the local and state level that create clear decision-making authority and process



Financing and Payment Reform

- Statewide consistency regarding what is included in bundled payments
- Formula-based allocation of funds to grantees



State and Local Service Delivery

 Services offered along a continuum based on the needs of families



Community-Based Prevention and Promotion

- Practice is evidence-informed and outcome-driven
- Community development focuses on promoting a safe and caring environment to encourage healthy child, youth and family development



Human Resources and Organizational Structure

- Professional development is offered at the state and local level including Results-Based Accountability
- Unifying values, approaches and communication for state and local teams that drive effective teamwork



Data and Technology

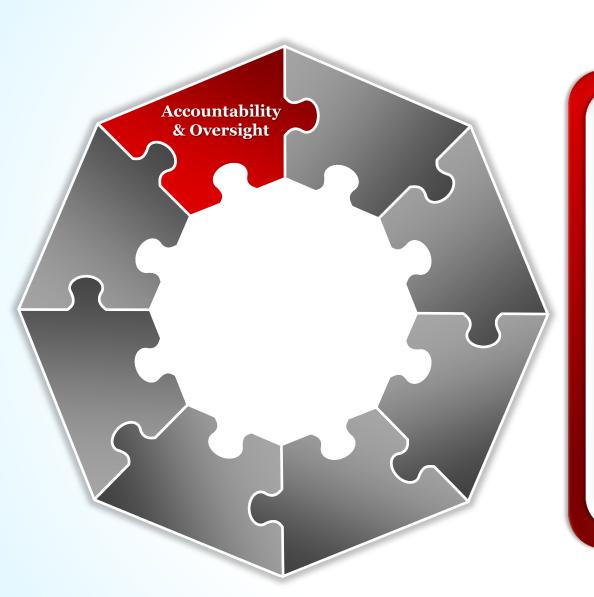
- Shared reporting capacity
- Integrated care coordination system



Communications

- Align IFS communication with other efforts in the state and local areas
- Implement a communication strategy to share information including data, outcomes and performance reports

Accountability & Oversight



Coordinate efforts among partners to include activities related to:

- 1. Measuring performance
- 2. Monitoring performance
- 3. Improving performance

Accountability:

- Quality Assessment
- Improvement plans
- Strategic and Work plans

Oversight:

- Quality review
- Performance Measures

IFS Strategic Plan ~ FY2016-FY2020

| FY2016- | I. | IFS' vision, goals and strategies are clearly communicated. | | | |
|-------------|---|--|--|--|--|
| FY2017 | II. | Additional communities are supported in creating local governance agreements to prepare for IFS expansion. | | | |
| | III. | State and community partners utilize population indicators as a way to drive decision-making and identify gaps in services. | | | |
| | IV. | Integrating Family Services (IFS) grantees are held to common outcomes and performance measures. | | | |
| | V. | State and community partners, in collaboration with people who receive supports and services, work to create effective communications strategies and systems. | | | |
| | VI. | State and community partners develop a consistent and replicable financing model that connects health, human services and education systems. | | | |
| | VII. | State and community partners report increased administrative efficiencies and flexible and coordinated service delivery. | | | |
| FY2018-2019 | l. | State and community partners show improved outcomes for Vermont's children and families. | | | |
| | II. | Community partners work collaboratively and effectively to use funds flexibly to meet the identified needs of | | | |
| | | children, youth and families. | | | |
| | III. | Planning at the state and regional level is driven by a holistic and collaborative perspective of Vermont's children, youth and families service delivery system and community supports. | | | |
| | IV. | Policies cut across AHS department lines in ways that promote seamless service delivery to children, youth and families that build on strengths in each community. | | | |
| FY2020 | I. | All AHS regions have implemented the IFS approach. | | | |
| | II. | Families understand and can easily access supports and services they need regardless of geography, income or type | | | |
| | | of need. | | | |
| | Policymakers and service providers use data to drive policy decisions and reallocate resour meet the needs of Vermonters. | | | | |
| | | | | | |

ACCOUNTABILITY AND OVERSIGHT

IFS Vision

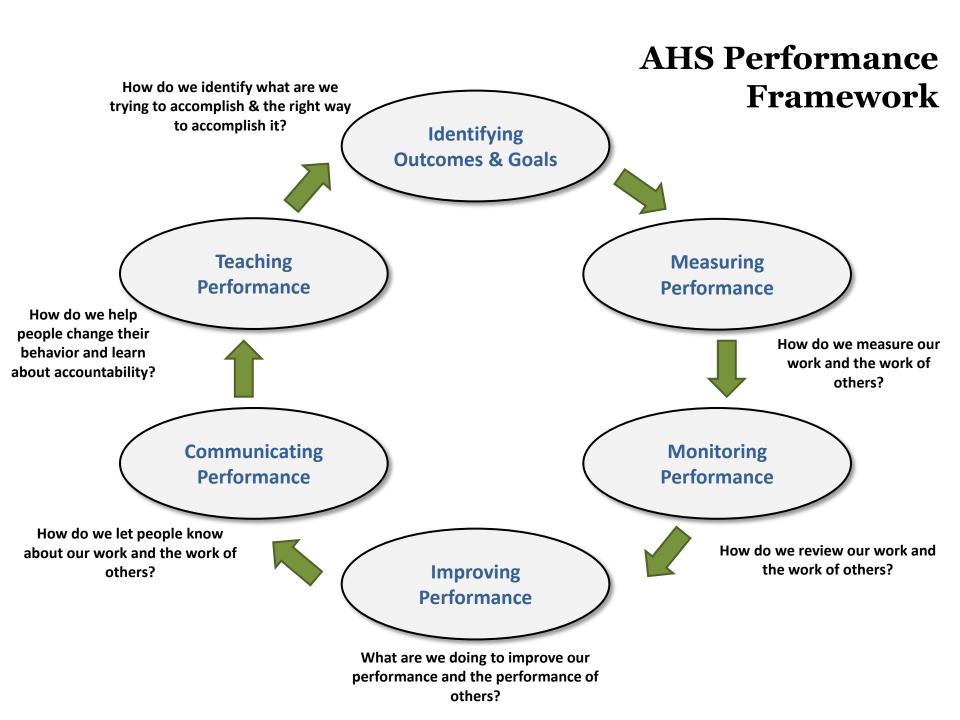
IFS Mission

Agency of Human Services Outcomes

IFS Outcomes

Population Indicators

IFS Performance Measures



The Agency of Human Services Outcomes

The following outcomes direct the work of the Agency and were enacted by the Vermont Legislature in 2014 through Act 186.

- 1. Vermont has a prosperous economy.
 - 2. Vermonters are healthy.
- 3. Vermont's environment is clean and sustainable.
- 4. Vermont's communities are safe and supportive.
- 5. Vermont's families are safe, nurturing, stable, and supported.
- 6. Vermont's children and young people achieve their potential, including:
 - Pregnant women and young people thrive.
 - Children are ready for school.
 - Children succeed in school.
 - Youths choose healthy behaviors.
 - Youths successfully transition to adulthood.
- 7. Vermont's elders and people with disabilities and people with mental conditions live with dignity and independence in settings they prefer.
- 8. Vermont has open, effective, and inclusive government at the State and local levels.

The green, bolded outcomes were incorporated into how the IFS Approach will be measured

IFS Outcomes, Population Indicators and Performance Measures

| IFS Outcomes | 1. Pregnant women and young children thrive/Children are ready for school | 2. Families are safe, stable, nurturing and supported | 3. Youth choose healthy behaviors/Youth successfully transition to adulthood | 4. Communities are safe and supportive | |
|-----------------------------|--|--|--|--|--|
| Population Indicators | a. % of women who receive first trimester prenatal care b. [children meeting developmental milestones/screening s] c. [% of children ready for school] d. [% of children and youth with a medical home] | a. Rate of child abuse and neglect b. [substance abuse measure?] c. [parents having skills they need to be successful parents] d. [parents having concrete supports in times of need] | a. % of adolescents who feel valued by their community b. % of students with plans for education, vocational training, or employment following high school c. [youth engaging in healthy behaviors – physical activity and nutrition?] d. [a school-aged children indicator] e. [substance abuse measure?] | a. % access to safe and supervised early childhood and out of school care b. [housing indicator] c. [% of families who have experienced homelessness in the past year] d. [% of families who are food insecure] | |
| IFS Performance Measures | through standardized 2. [% of families that hav 3. [a measure that demo | screenings, assessments e shown improvement c nstrates level of satisfac | aboratively with families, and to s, evaluations, and/or care inform on a standardized assessment to tion from family perspective] of plan of care (e.g., timeliness | rmation summary] pol] | |

Our Work

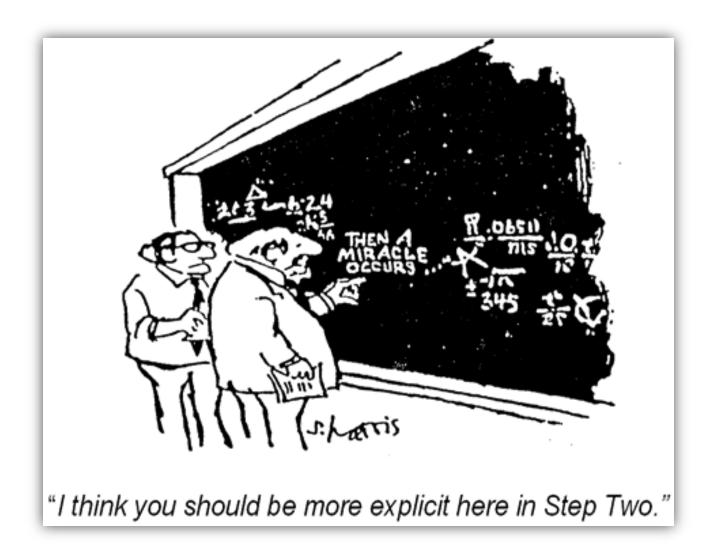
| GOAL | ACTION STEPS | COMPLETION DATE | LEAD TEAM/WORK GROUP | | | | | | |
|---|--|---|---|--|--|--|--|--|--|
| ACCOUNTABILITY AND OVERSIGHT | | | | | | | | | |
| There is a system in place to measure performance | a. Population Indicators are established: i. Stakeholder meetings convened ii. SLT and I-Team review indicators iii. Indicators are confirmed b. Performance measures are established: i. Stakeholder meetings convened ii. SLT and I-Team review indicators iii. Indicators are confirmed | | Accountability and Oversight Work Group | | | | | | |
| 2. There is a system in place to monitor performance | a. Quality Case Reviews are conducted in active IFS regions: b. Case Review in Addison to be held on 1-29-15 c. Case Review in Franklin to be held on 2-18-15 d. Each active IFS region utilizes a client satisfaction survey that ensures there is room for additional regional input | Feedback on quality case reviews is provided to regions within 60 days of date of case review. | Sub-work group: Quality Case Review Work Group | | | | | | |
| 3. There are consistent practices and processes across IFS with the intent of improving performance | a. Consider how to use AHS strategies (RBA Turn the Curve, Agency Improvement Model (AIM) and Plan-Do-Study/Check-Act (PDSA/PDCA)) to improve performance—build on what we are already doing b. Technical Assistance is provided to IFS regions c. Clear, documented process for T/A and oversight to IFS regions is created which makes the oversight entity clear. | | Accountability and Oversight Work Group | | | | | | |
| 4. There is a clear communication system in place that is used to share data, outcomes and performance measures | a. Team will review IFS manual and make necessary edits to ensure it reflects: outcomes and performance measures alignment with CIS manual whole population language The continuum of community resources encompassed in the IFS model b. Create common data profiles for each IFS region | | Accountability and Oversight Work Group | | | | | | |
| 5. RBA concepts and practices are broadly understood and used at state and local levels | a. Trainings on RBA are coordinated and accessible to state and community partners | | Accountability and Oversight Work Group | | | | | | |

Group Norms

These operating guidelines are intended to help ensure consistency among the work groups and build a shared organizational culture. All of the IFS work groups will follow these same guidelines. One IFS Management Team member will participate on each work group and serve as co-chair.

- Operate by consensus. Consensus does not mean that everyone agrees with the same level of enthusiasm; it means that team members work through disagreement until they arrive at a satisfactory resolution.
- Determine meeting agendas based on:
 - Input from the IFS Management Team
 - Pressing items related to the particular team's work that need attention
 - □ Items generated from previous meeting discussions.
- Participate in semi-annual stakeholder meetings.

Let's Start Making Miracles !!!!



Further Defining Population Indicators

- a. % of women who receive first trimester prenatal care
- b. [children meeting developmental milestones/screenings]
- c. [% of children ready for school]
- d. [% of children and youth with a medical home]

- a. Rate of child abuse and neglect
- b. [substance abuse measure?]
- c. [parents having skills they need to be successful parents]
- d. [parents having concrete supports in times of need]

- % of adolescents who feel valued by their community
- b. % of students with plans for education, vocational training, or employment following high school
- c. [youth engaging in healthy behaviors – physical activity and nutrition?]
- d. [a school-aged children indicator]
- e. [substance abuse measure?]

- a. % access to safe and supervised early childhood and out of school care
- b. [housing indicator]
 - a. Has your community adopted the Family Connection framework?
- c. [% of families who have experienced homelessness in the past year]
 - a. (do we need this one? Is there a way to frame this in the positive?)
- d. [% of families who are food insecure]